

## REPORT TO THE LEGISLATURE

### Fourteen Day Standard – 2019 Progress Report

RCW 71.05.365 -Engrossed Substitute House Bill 1109, Section 202(1)(f)

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## **EXECUTIVE SUMMARY**

As directed by Section 202(1)(f) of ESHB 1109(2019-21 Operating Budget), this report outlines the steps undertaken for implementing RCW 71.05.365, including:

- Creating an administration-wide definition for “no longer requires active treatment at an inpatient level;”
- Compliance percentage with the 14-day requirement;
- Summary of the required elements and regular interval reporting to “behavioral health entities;” and
- Use of the funding provided in fiscal year 2019.

## **BACKGROUND & CHALLENGES**

Each state hospital’s data system was created separately; the policies and procedures of each are separate and distinct.

In order to implement tracking and compliance of RCW 71.05.365 the department determined it would:

- Establish, implement, and operationalize a BHA-wide definition and policy for “no longer requires active treatment at an inpatient level”
- Develop a data system to track the three data elements identified in the budget proviso:
  - The date on which an individual is determined to no longer require active psychiatric treatment at an inpatient level of care
  - The date on which the Behavioral Health Organizations (BHOs), the Managed Care Organizations (MCOs) and the Behavioral Health – Administrations (BH-ASOs) and other organizations responsible for resource management services for the person is notified of this determination; and
  - The date on which either the individual is transitioned to the community or has been re-evaluated and determined to again require active psychiatric treatment at an inpatient level of care.

A common operational definition of “no longer requires active psychiatric treatment in an inpatient setting ” that that could then be used to generate the “active discharge planning list” for both hospitals will allow the Behavioral Health Administration (BHA) to accurately monitor and manage discharge planning efforts at each hospital.

The department created the position of Director of Community Transitions in January of 2019. The BHA Director of Community Transitions focused on working with the state hospitals and other agencies, administrations, and community partners to improve internal and external processes related to discharge planning and Behavioral Health Transformation.

## **Data Tracking Systems**

The state hospitals track and report to the BHA Director of Community Transitions the following required data elements:

- The date on which an individual is determined to no longer require active psychiatric treatment at an inpatient level of care
- The date on which the Behavioral Health Organizations (BHOs), the Managed Care Organizations (MCOs) and the Behavioral Health – Administrations (BH-ASOs) and other organizations responsible for resource management services for the person is notified of this determination; and
- The date on which either the individual is transitioned to the community or has been re-evaluated and determined to again require active psychiatric treatment at an inpatient level of care.

The data elements required in the proviso had not previously been tracked in either of the hospitals' main data systems, nor in the standalone discharge databases and required an information technology solution to fully implement. In light of limited resources for design and implementation of an automated strategy, an interim solution was implemented by both hospitals.

ESH and WSH used spreadsheet templates to track the patient name, assigned MCO/BHO/BH-ASO, and the three required data elements. The hospitals' social work teams maintained the spreadsheets, notified the MCO/BHO/BH-ASO liaison when patients were determined ready to discharge, and sent the spreadsheets to BHA Headquarters.

As of the date of this report, both hospitals have embedded these data tracking elements into their discharge tracking databases. ESH has begun electronically tracking the data points. WSH is currently in the process creating a new database where the data will be collected electronically. In the interim, the spreadsheet templates continue being used and emailed on a weekly basis to the BHA Director of Community Transitions.

## **Notification of “Behavioral Health Entities”**

The discharge data has been reviewed weekly by the BHA Director of Community Transitions to ensure there is no lag between the determination that the patient “no longer requires active treatment at an inpatient level of care” and MCO/BHO/BH-ASO notification. The reviews found, that for the most part, the notifications were being done within 24 hours of the determination.

The MCO/BHO/BH-ASO liaisons have access to reports that have all of their members who are on the “no longer requires active treatment at an inpatient level of care” list. In addition, both ESH and WSH have weekly case staffing of the patients who are ready to discharge that include participation from the MCO/BHO/BH-ASO liaisons and HCS assessors and managers.

## DISCHARGE TRANSITION PLAN WITHIN 14-DAYS

The table below described the amount of time from the point the patient was identified as “no longer requiring active psychiatric treatment at an inpatient level of care”, the MCO/BHO/BH-ASO liaisons were notified of the determination, to the point where an initial transition plan was developed.

Days to develop initial plan	Number of People*	Percentage
14 or Less	346	96%
15 days or more	16	4%
Total	362	

\* Removed individuals whose initial planning began in 2018, jail discharges, court releases or cases where documentation of the newly established data point was not definitively captured (39 total). This data point was not available in ESH charts, but will be reflected in the 2021 report.